

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH

GRANT APPLICATION

FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY

Please follow these instructions carefully.

The following pages represent the application for a New Jersey Commission on Spinal Cord Research **Five-Year Named Chair for Senior and Junior Faculty Grant**.

Type your application clearly using the space provided. If additional space is required, please make sure that you photocopy all continuation pages.

The original (signed) and 25 copies of the application package must be provided. If including photographs, provide four (4) sets of originals; the rest may be photocopies.

Forward the entire package to:

Mailing Address:

New Jersey Commission on
Spinal Cord Research
PO Box 360
Trenton, NJ 08625-0360

Overnight Services (UPS, FedEx, Airborne):

New Jersey Commission on
Spinal Cord Research
Health-Agriculture Building, 4th Floor
Warren and Market Streets
Trenton, NJ 08611

The Acknowledgement Page must be completed and returned with the application, so that you can be notified when your application is received in this office.

NJCSCR Research Guidelines outline the application process. These Research Guidelines should be read carefully before completing the application form. The Research Guidelines and the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research are available for review at <http://www.state.nj.us/health/spinalcord/>.

Be sure to make a photocopy of the grant application for your records.

The New Jersey Commission on Spinal Cord Research wishes to express its appreciation for your interest. You may contact us directly at (609) 292-4055 for assistance in the completion of this application.

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH (NJCSCR)

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New Jersey Commission on Spinal Cord Research

APPLICATION FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY

(Type or print all data.)

FOR STATE USE ONLY
NJCSCR Number
Spending Plan Number
Funding Authorization Number(s)

1. Name of Applicant		1a. Email Address	
2. Name of Organization/Institution			
3. Street Address	City	County	State Zip Code
4. Name and Title of Fiscal Contact		5. Telephone No.	
6. Street Address	City	County	State Zip Code
7. Name of Attorney for Agency		8 Telephone No.	
9. Name and Title of Principal Contact		10. Telephone No.	
11. Employer ID No.			
12. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or Task Force which has regulatory or advising influence on the funding program? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div>_____ (Member)</div> <div>_____ (Board, Council, Etc.)</div> </div>			
13. Location Where Payments Should be Sent:		14. Type of Payment Plan Preferred <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Advance Payment	
15. Type of Agency (check one) <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Private Profit <input type="checkbox"/> Other:		16. Does this Agency meet the following Licensure Requirement?	
17. Agency Fiscal Year End		18. Agency Accounting System: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Other (Specify):	
19. Budget Period (Mo/Day/Yr) From: _____ Through: _____		20. Project Period (Mo/Day/Yr) From: _____ Through: _____	
21. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COST OF PROJECT			
22a. Total Funds Needed		22b. Funds Requested from NJCSCR	
		22c. Funds from Other Sources	
Principal Investigator/Program Director Assurance: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			
23. Signature of Principal Investigator/Program Director (In Ink, "Per" signature not acceptable)			Date
Certification: The applicant certifies that to the best of his/her knowledge and belief, all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant, and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulations and rules issued by the N. J. Department of Health and Senior Services which include provisions described in grant application instructions.			
24. Name and Title of Official Signing for Applicant Organization			
25. Signature of Official			Date

New Jersey Commission on Spinal Cord Research

APPLICANT INFORMATION

Name of Applicant and Organization/Institution:

A copy of the applicant's curriculum vitae must be attached to the front of this application.

List the following information in chronological order:

EDUCATION:

EMPLOYMENT (AFTER COLLEGE):

SPECIALTY CERTIFICATION(S) (ATTAINED OR SOUGHT):

New Jersey Commission on Spinal Cord Research
APPLICANT INFORMATION, CONTINUED

Name of Applicant and Organization/Institution:

List the following information in chronological order:

CURRENT PROFESSIONAL SOCIETIES:

REFERENCES (LIST A MINIMUM OF FOUR INDIVIDUALS. POSTDOCTORAL APPLICANTS MUST ENTER THESIS ADVISOR OR CHIEF OF SERVICE AS THE FIRST NAMED REFERENCE.):

RESEARCH CAREER GOALS:

SUMMARIZE RESEARCH EXPERIENCE:

New Jersey Commission on Spinal Cord Research
APPLICANT INFORMATION, CONTINUED

Name of Applicant and Organization/Institution:

List the following information in chronological order:

LIST TITLES AND COMPLETE REFERENCES OF ALL RELEVANT PUBLICATIONS:

New Jersey Commission on Spinal Cord Research
BUSINESS PLAN

Name of Applicant and Organization/Institution:

Provide a general five-year business plan with a more detailed two-year plan. Include detailed budget information for year one and year two of the award. (Limit 2 - 5 pages)

New Jersey Commission on Spinal Cord Research
BUSINESS PLAN, CONTINUED

Name of Applicant and Organization/Institution:

New Jersey Commission on Spinal Cord Research
BUSINESS PLAN, CONTINUED

Name of Applicant and Organization/Institution:

Describe the research focus for the laboratory:

New Jersey Commission on Spinal Cord Research
BUSINESS PLAN, CONTINUED

Name of Applicant and Organization/Institution:

List the applicant's grant history:

New Jersey Commission on Spinal Cord Research
ABSTRACT - HISTORIC RESEARCH FOCUS

Name of Applicant and Organization/Institution:		
Key Professional Personnel Engaged on Project		
Name	Position Title	Department and Organization
<p>Abstract of Research Plan: State the application's long-term objectives and specific aims, making reference to the spinal cord relatedness of the project, and describe concisely the methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. The abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. DO NOT EXCEED THE SPACE PROVIDED.</p>		
Vertebrate Animals Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify by common names and underline primates.		

New Jersey Commission on Spinal Cord Research
LAY ABSTRACT OF RESEARCH PLAN

Name of Applicant and Organization/Institution:

Please describe your research focus in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease as noted in the program guidelines; and 2) any special value it might have for the citizens of New Jersey. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCSCR publications.

Project Title (do not exceed 60 spaces)

Please provide a one sentence description of your project

Description (Do not exceed space provided. Type in single spaced format.)

New Jersey Commission on Spinal Cord Research
BUDGET CHECKLIST

Name of Applicant and Organization/Institution:

1. Does your budget include funding for the purchase of equipment? The NJCSCR will allow the purchase of equipment without justification up to \$2,499. A request to purchase equipment valued at \$2,500 or above needs to be detailed and justified on page 23 - Certification of Equipment Needs.

☐ No - Go to Question 2.

☐ Yes - Please explain below.

2. Does your budget include funding for travel? The NJCSCR will allow a maximum of \$1,000 for travel to a scientific meeting, to another lab to learn a new technique, etc.; details must be provided (travel by whom, to which meeting, or to which lab, and why).

☐ No - Go to Question 3.

☐ Yes - Please explain below.

3. Does your budget include funding for training? The NJCSCR discourages funding for training unless a compelling justification is provided.

☐ No - Go to Question 4.

☐ Yes - Please explain below.

New Jersey Commission on Spinal Cord Research
BUDGET CHECKLIST, Continued

Name of Applicant and Organization/Institution:
<p>4. Is the laboratory currently receiving funding from other sources? If yes, please list the foundation/federal agency/corporation/other, the amount of funding received from other funding source(s), and the degree to which there is overlap of support.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Please explain below.</p>
4a. List all institutional support below:
4b. List all current outside support: (1) active support; (2) applications and proposals pending review or funding; (3) applications and proposals planned or being prepared for submission. If none, state "None." For each item, give the source of support, identifying number, project title, name of principal investigator, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. If any of these overlap, duplicate or are being replaced or supplemented by this application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries.

**New Jersey Commission on Spinal Cord Research
MULTI-YEAR GRANT BUDGET REQUEST**

Name of Applicant and Organization/Institution:								
Name of Grantee			Project Title		Current Grant No.			
Address			Project Period FROM: TO:		Agency's Fiscal Year End			
City	State	Zip	Request Budget Period FROM: TO:		Method of Payment <input type="checkbox"/> Scheduled Advanced Payment <input type="checkbox"/> Cost Reimbursement			
BUDGET CATEGORIES			ROUND OFF TO NEAREST DOLLAR					
			CURRENT YEAR BUDGET		YR. 2 BUDGET REQUEST		YR. 3 BUDGET REQUEST	
			Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST								
Salaries / Wages								
Total								
B. CONSULTANT / PROFESSIONAL SERVICES COST								
Total								
C. OTHER COST CATEGORIES								
Total								
D. SUB-GRANTS								
Total								
Total Direct Cost								
Indirect Cost								
Total Cost								
Less Program Income								
NET TOTAL COST								
I certify to the best of my knowledge and belief that all data supplied with this request is true and correct, this request has been duly authorized by the governing body of the grantee and further understands and agrees to grant conditions, and other policies, regulations and rules issued by the New Jersey Department of Health and Senior Services for the administration of grants.								
Name of Certifying Representative			Title		Signature			
					Date			

**New Jersey Commission on Spinal Cord Research
MULTI-YEAR GRANT BUDGET REQUEST, CONTINUED**

Name of Applicant and Organization/Institution:								
Name of Grantee			Project Title		Current Grant No.			
Address			Project Period FROM: TO:		Agency's Fiscal Year End			
City	State	Zip	Request Budget Period FROM: TO:		Method of Payment <input type="checkbox"/> Scheduled Advanced Payment <input type="checkbox"/> Cost Reimbursement			
BUDGET CATEGORIES			ROUND OFF TO NEAREST DOLLAR					
			YR. 4 BUDGET REQUEST		YR. 5 BUDGET REQUEST		TOTAL REQUEST	
			Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST								
Salaries / Wages								
Total								
B. CONSULTANT / PROFESSIONAL SERVICES COST								
Total								
C. OTHER COST CATEGORIES								
Total								
D. SUB-GRANTS								
Total								
Total Direct Cost								
Indirect Cost								
Total Cost								
Less Program Income								
NET TOTAL COST								
I certify to the best of my knowledge and belief that all data supplied with this request is true and correct, this request has been duly authorized by the governing body of the grantee and further understands and agrees to grant conditions, and other policies, regulations and rules issued by the New Jersey Department of Health and Senior Services for the administration of grants.								
Name of Certifying Representative			Title		Signature			
					Date			

New Jersey Commission on Spinal Cord Research
ORGANIZATION/INSTITUTION
STRATEGIC PLAN
FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY

Name of Applicant and Organization/Institution:

Countersigned letters of commitment from high-ranking administrative authorities whose cooperation is critical to the success of the endowment must be included as part of this application.

1. Detail below comprehensive information concerning the spinal cord research environment at the organization/institution:

a. Provide an overview of the current state of spinal cord research at the organization/institution:

b. Provide an outline of the multidisciplinary aspects of the spinal cord research program, if applicable:

c. Provide an explanation of how the Five-Year Named Chair would be integrated into the current research environment:

New Jersey Commission on Spinal Cord Research

**ORGANIZATION/INSTITUTION
STRATEGIC PLAN, CONTINUED**

Name of Applicant and Organization/Institution:

d. Provide a description of how the Five-Year Named Chair would benefit the research environment:

2. If applicable, detail below comprehensive information concerning the spinal cord clinical environment at the organization/ institution:

a. Provide a description of the spinal cord research clinical program, including access to human subjects:

b. Provide evidence of commitment to this award from the research environment:

New Jersey Commission on Spinal Cord Research

**ORGANIZATION/INSTITUTION
STRATEGIC PLAN, CONTINUED**

Name of Applicant and Organization/Institution:

c. Provide a description of evidence that the Five-Year Named Chair will enhance the organization/institution's capability for spinal cord research:

d. Provide a description of other active spinal cord research programs at the organization/institution, including evidence/examples of applied research currently underway:

e. Provide a description of the long-range institutional spinal cord research development goals to be achieved:

New Jersey Commission on Spinal Cord Research

**ORGANIZATION/INSTITUTION
STRATEGIC PLAN, CONTINUED**

Name of Applicant and Organization/Institution:

- f. Provide a complete description of the specific activities to achieve the goals of the program, including an evaluation plan to measure the progress of the program to ensure it meets the mission of the NJCSCR:

- g. Provide a description of the administrative mechanisms to organize and oversee implementation of the spinal cord research plan:

- h. Provide evidence of organization/institutional commitment to achievement of the spinal cord research plan:

New Jersey Commission on Spinal Cord Research
CERTIFICATION FOR THE
CARE AND TREATMENT OF LABORATORY ANIMALS

Name of Applicant and Organization/Institution:

Title

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure proper care and treatment of all laboratory animals used in any NJCSCR sponsored research. Any applications involving laboratory animals must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No laboratory animals will be used in any of the proposed activities planned in this application.
- ☐ Laboratory animals will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

If laboratory animals are to be used, list the species and number.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: www.state.nj.us/health/spinalcord/. Signature below indicates organization agrees to and conforms to stated policy.

Please check appropriate statement:

- ☐ This is to certify that the proposed experiments on laboratory animals have been reviewed by an institutional review committee/institutional animal care and use committee on _____ (date), and found to be in accordance with current NIH policy. I have attached a copy of this approval to this grant application.
- ☐ This is to certify that the proposed experiments on laboratory animals are PENDING review by an institutional review committee/institutional animal care and use committee on _____ (date). I understand that I am required to notify and send a copy of the approval to the NJCSCR as soon as approval is obtained.
- ☐ This is to certify that the proposed experiments on laboratory animals are EXEMPT from review by an institutional review committee/institutional animal care and use committee.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

New Jersey Commission on Spinal Cord Research
CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS
AND
CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH

Name of Applicant and Organization/Institution:

Title

CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure that the rights and welfare of all human subjects used in any NJCSCR sponsored research are protected. Any applications involving human subjects must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No human subjects will be used in any of the proposed activities planned in this application.
- ☐ Human subjects will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

This is to certify that the proposed activities on human subjects have been reviewed by an institutional committee (IRB) on _____ (date) and found to be in accordance with current New Jersey Department of Health and Senior Services policy including NIH Guidelines for inclusion of women and minorities as subjects in clinical research. Review must be within the year preceding application activation date.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: www.state.nj.us/health/spinalcord/. Signature below indicates organization agrees to and conforms to stated policy.

CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure that the physical and biological containment needed for research involving any recombinant DNA molecules is within policies set out in the current "NIH Guidelines for Research Involving Recombinant DNA Molecules."

Please check the appropriate statement:

- ☐ This application does not involve any use of recombinant DNA molecules as defined by current NIH guidelines.
- ☐ This application involves the use of recombinant DNA molecules as defined by current NIH guidelines.

This is to certify that the proposed activities involving recombinant DNA molecules have been reviewed by the appropriate institutional committee (IRB) on _____ (date) and found to be in accordance with current NIH guidelines. Review must be within the year preceding application activation date.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: www.state.nj.us/health/spinalcord/. Signature below indicates organization agrees to and conforms to stated policy.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

New Jersey Commission on Spinal Cord Research
CERTIFICATION OF EQUIPMENT NEEDS

Name of Applicant and Organization/Institution:	
Name of Institution	
Grant Title	
Equipment Description and Justification (Include Number and Manufacturer)	
CERTIFICATION BY PRINCIPAL INVESTIGATOR	
<div style="margin-bottom: 10px;"><input type="checkbox"/> No comparable item exists in the department.</div> <div><input type="checkbox"/> Comparable item exists in the department but is unavailable for the present need because: lacks particular capability; is already fully utilized; is too far away, etc. List reason below.</div>	
Signature of Principal Investigator	Date

New Jersey Commission on Spinal Cord Research
CERTIFICATION REGARDING INSTITUTIONAL RESPONSIBILITIES

Name of Applicant and Organization/Institution:

Grants awarded by the New Jersey Commission on Spinal Cord Research are not intended to cover the total cost of the research described in the grant proposal. The applicant's institution is expected to take responsibility for providing adequate facilities and a salary for the principal investigator. In addition, basic administrative services should be available. Accordingly, support for the following will not be allowed in the application.

- Constructions, building maintenance or major alterations
- Secretarial and telephone services
- Library services including the purchasing and binding of books and periodicals
- Furniture for laboratories and office equipment and supplies
- Dues for membership and registration fees in scientific societies or at professional meetings
- Foreign travel
- Recruiting and relocation expenses

Upon acceptance of a grant award, the applicant's organization assumes legal and financial responsibility for awarded funds and the conduct of supported activities. It is the responsibility of the applicant's institution and principal investigator to assure the accuracy and validity of all fiscal, scientific, and administrative information pertaining to the awarded grant.

Failure to comply with these terms may result in grant termination.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

New Jersey Commission on Spinal Cord Research

LIST OF SUGGESTED REVIEWERS

Name of Applicant and Organization/Institution
Title of Proposed Project

In order to assure the strongest possible evaluation of this application, the NJCSCR is offering the opportunity to list suggested scientific peers who would be able to provide a fair and equitable review of this proposal. Please list the name, address and telephone number of at least two, but no more than four, experts in this area of study. Nominees may not be employed in any non-profit research institute in New Jersey.

Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:

Certification by Applicant

I hereby assure that I know of no conflict of interest involving the above-mentioned individuals pertaining to the information provided in this application.

Signature of Principal Investigator	Date
-------------------------------------	------

New Jersey Commission on Spinal Cord Research
POLICIES GOVERNING RESEARCH GRANTS

Name of Applicant and Organization/Institution:

EXPENDITURES

Minor reassignments of funds may be made by the Principal Investigator of up to 10% of the total annual budget. Any changes, which exceed 10%, require the approval of the NJCSCR.

PAYMENTS

Cost reimbursement or advance payment methods may be implemented for new and renewal grants upon request and approval by the NJCSCR. Payments may be withheld if Financial Reports, Grant Continuation Applications, annual Progress Reports, annual Narrative Reports, or Final Narrative Reports are outstanding. All payment arrangements will be reviewed on an individual basis.

FINANCIAL REPORTING

Individual accounts must be established for each grant type. Accurate records, including documentation of all transactions must be maintained. Financial reporting forms are provided by the NJCSCR and are available at www.state.nj.us/health/forms.

All interim Financial Reports must be submitted at the end of each quarterly period. The interim Financial (quarterly) Reports are due October 20, January 20, April 20 and July 20. All Financial Reports must have the signature of the financial officer of the organization/institution, and must be submitted no later than the 20th day of the month immediately following the end of the reporting period. The NJCSCR or its designated representative reserves the right to audit accounts at any time.

Over expenditures, commitments not paid within 60 days of termination, or expenditures made prior to the activation date are not the responsibility of the NJCSCR.

A Final Financial Report, together with a refund of any unexpended funds, must be made within 60 days of termination date. This Final Financial Report should be reviewed and signed by the Principal Investigator (applicant) and the financial officer of the organization/institution. All records must be retained for 3 years from the date of the Final Financial Report. In the case of an audit or litigation, this period may be extended until completion of said action.

INDIVIDUAL RESEARCH GRANTS

Each funding award within the two-year period will be contingent upon the availability of funds. Second year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. **Grant Continuation Applications are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of an Individual Research grant. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

FELLOWSHIP GRANTS

Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. **All Progress Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a Fellowship grant. An Evaluation Form must be completed for two years following termination of the Fellowship grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

(Continued on next page.)

New Jersey Commission on Spinal Cord Research
POLICIES GOVERNING RESEARCH GRANTS, CONTINUED

Name of Applicant and Organization/Institution:

ONE-TIME START-UP COST GRANTS

Each grant award will be contingent upon the availability of funds. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a One-Time Start-Up Cost grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY GRANTS

Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted within 60 days of termination of the Five-Year Named Chair grant. An Evaluation Form must be completed for two years following termination of a Five-Year Named Chair grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

PUBLICATIONS AND PATENTS

Publications resulting from research supported by the NJCSCR should contain an acknowledgement such as "Assisted by grant number.....from the New Jersey Commission on Spinal Cord Research." Grantees should provide 3 reprints of any such articles to the NJCSCR office. Decisions and dispositions regarding patents on discoveries made while under grant from the NJCSCR must be made with the approval of the NJCSCR.

OWNERSHIP OF EQUIPMENT

Equipment purchased for the purpose of research covered in grants from the NJCSCR is for the sole use of the Principal Investigator (applicant) and collaborators. However, title of such equipment shall be vested in the organization/institution. Transfer to another institution will not be allowed without written permission from the NJCSCR.

CANCELLATION AND TRANSFER

The NJCSCR is not responsible for expenses incurred after cancellation of the grant. All unexpended funds must be returned to the NJCSCR. Upon written approval from the NJCSCR, grants may be transferred from one institution to another within the State of New Jersey.

COMPLIANCE WITH EXISTING LAW

The applicant organization/institution, as grantee, agrees to assure that all activities in the performance of the grant are in compliance with all state, federal, or municipal laws. Failure to comply with such laws is grounds for termination of the grant.

INDEMNIFICATION

The applicant organization/institution is solely responsible to keep, save, and hold the State of New Jersey and the New Jersey Commission on Spinal Cord Research harmless from all claims, losses, liabilities, expenses or damages.

Name of Authorized Institutional Official (Print)	Title	
Signature		Date

**New Jersey Commission on Spinal Cord Research
OFFICERS AND DIRECTORS LIST**

Name of Applicant and Organization/Institution:	
Title of Proposed Project	Date of Application

Complete this section only if this is the first time you are applying to the NJCSCR for a grant.

List below the name, title, and residence address of all officers and board members of applicant.

Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City	City
State	State
Zip Code	Zip Code

New Jersey Commission on Spinal Cord Research

OFFICERS AND DIRECTORS LIST, CONTINUED

Name of Applicant and Organization/Institution:

[illegible]

New Jersey Commission on Spinal Cord Research
CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Name of Applicant and Organization/Institution:

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), and (d) of this certification in accordance with Federal Executive Order 12549.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

List of *parties excluded* from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U. S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

New Jersey Commission on Spinal Cord Research
CERTIFICATION REGARDING LOBBYING

Name of Applicant and Organization/Institution:

The undersigned certifies, to the best of his/her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Contact the federal agency awarding the funds for a copy of form.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

New Jersey Commission on Spinal Cord Research
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Name of Applicant and Organization/Institution:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract loan or loan guarantee. The law also applies to children's services provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/grantee (for grants) certifies that the submitting agency will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

New Jersey Commission on Spinal Cord Research

AGENCY MINORITY PROFILE

Name of Applicant and Organization/Institution:

The Department's Office of Minority Health has defined "minorities" as the four major race/ethnic minority populations (African Americans, Latinos/Hispanic, Asian/Pacific Islanders and American Indians/Eskimos) as well as linguistic minority populations who are either non-English speaking or have limited English proficiency.

Complete this form if your agency is requesting funds from this Department for the first time or has not received funds in the last two (2) years from the Department.

1. Is this a minority-managed organization?

☐ Yes ☐ No

a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ White, Not of Hispanic Origin
- ☐ Other

2. Is this agency serving a large minority population?

☐ Yes ☐ No

a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ White, Not of Hispanic Origin
- ☐ Other

3. Indicate all of the languages in which services are being provided by this organization, by placing a check on each applicable line:

- ☐ English
- ☐ Spanish
- ☐ French
- ☐ Creole
- ☐ Other

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

New Jersey Commission on Spinal Cord Research
CERTIFICATION SHEET

Name of Applicant and Organization/Institution:

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

I have read the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

I have read the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

I have read the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

I understand that my payments will depend on timely submission of all reports.

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

I have previously completed and submitted the Agency Minority Profile.

The Statement of Local Health Officer has been sent to the Local Health Officer for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.

N/A

I certify that this agency is not delinquent on any Federal or State debt.

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

I have read, understand, and will comply with the instructions received with the grant application package.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

**STATE OF NEW JERSEY
W-9 / QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

**PART I.
NAME/ADDRESS
(REMIT TO)**

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND
CERTIFICATION**

Enter your taxpayer identification number and indicate whether it is a social security number or employer identification number by marking the appropriate box.

Return completed form to:
OMB VENDOR CONTROL
PO BOX 221
TRENTON, NJ 08625

Make any correction to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)

MARK THE APPROPRIATE BOX:

- ☐ SOCIAL SECURITY NUMBER
☐ EMPLOYER IDENTIFICATION NO.

5. For Payees exempt Form Backup Withholding (Contact the IRS for instructions)

Requester's name and Address (Optional)

6. Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number for I am waiting for a number to be issued to me) AND
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

PLEASE
SIGN
HERE

Signature

Date

**PART II
VENDOR DATA**

**STATE OF NEW JERSEY
VENDOR INFORMATION QUESTIONNAIRE**

1. Enter the code from the list below that best describes your business function:

VENDORS

HC = HEALTH CARE SERVICE
(NON-STATE AGENCIES)

VG = VENDORS WHO SELL OR
MANUFACTURE GOODS

VS = VENDORS WHO RENDER A SERVICE
OR VENDORS WHO RECEIVE RENT
PAYMENTS

MISCELLANEOUS VENDORS

OT = OTHER MISCELLANEOUS VENDORS (Please specify):

GOVERNMENTAL ENTITIES

AC = AUTHORITY/COMMISSION

CF = CONFIDENTIAL FUND

CM = COUNTY/MUNICIPAL GOVT.

CU = STATE COLLEGE/UNIVERSITY

EP = NJ STATE EMPLOYEE

FD = FIRE DISTRICT

PC = PETTY CASH

SA = STATE AGENCY

SD = SCHOOL DISTRICT

WB = WELFARE BOARD

2. Enter Primary Contact Information Below:

Phone: _____

Name: _____

Title: _____

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. What is the principal Activity of your organization?

M=Manufacturing

H=Health Related Service

S=Service

G=Government

O=Other (Please specify):

4. Enter the code from the list below that best describes your organization:

C=Corporation

I=Individual

P=Partnership

A=Association

J=Joint

O=Other (Please specify):

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.)

NEW JERSEY COUNTY/MUNICIPALITY CODES
(Enter the Appropriate Four-Digit Number on Line 5. Vendor Data)

ATLANTIC COUNTY

0101 - Absecon City
0102 - Atlantic City
0103 - Brigantine City
0104 - Buena Bor.
0105 - Buena Vista Twp.
0106 - Corbin City City
0107 - Egg Harbor City
0108 - Egg Harbor Twp.
0109 - Estell Manor City
0110 - Folsom Bor.
0111 - Galloway Twp.
0112 - Hamilton Twp.
0113 - Hammonctown Town
0114 - Linwood City
0115 - Longport Bor.
0116 - Margate City
0117 - Mullica Twp.
0118 - Northfield City
0119 - Pleasantville City
0120 - Port Republic City
0121 - Somers Point City
0122 - Ventnor City
0123 - Weymouth Twp.

BERGEN COUNTY

0201 - Allendale Bor.
0202 - Alpine Bor.
0203 - Bergenfield Bor.
0204 - Bogota Bor.
0205 - Carlstadt Bor.
0206 - Cliffside Park Bor.
0207 - Closter Bor.
0208 - Cresskill Bor.
0209 - Demarest Bor.
0210 - Dumont Bor.
0211 - Elmwood Park Bor.
0212 - East Rutherford Bor.
0213 - Edgewater Bor.
0214 - Emerson Bor.
0215 - Englewood City
0216 - Englewood Cliffs Bor.
0217 - Fair Lawn Bor.
0218 - Fairview Bor.
0219 - Fort Lee Bor.
0220 - Franklin Lakes Bor.
0221 - Garfield City
0222 - Glen Rock Bor.
0223 - Hackensack City
0224 - Harrington Park Bor.
0225 - Hasbrouck Heights Bor.
0226 - Hawthorth Bor.
0227 - Hillsdale Bor.
0228 - Hohokus Bor.
0229 - Leonia Bor.
0230 - Little Ferry Bor.
0231 - Lodi Bor.
0232 - Lyndhurst Twp.
0233 - Mahwah Twp.
0234 - Maywood Bor.
0235 - Midland Park Bor.
0236 - Montvale Bor.
0237 - Moonachie Bor.
0238 - New Milford Bor.
0239 - North Arlington Bor.
0240 - Northvale Bor.
0241 - Norwood Bor.
0242 - Oakland Bor.
0243 - Old Tappan Bor.
0244 - Oradell Bor.
0245 - Palisades Park Bor.
0246 - Paramus Bor.
0247 - Park Ridge Bor.
0248 - Ramsey Bor.
0249 - Ridgefield Bor.
0250 - Ridgefield Park Village
0251 - Ridgewood Village
0252 - Riveredge Bor.
0253 - Rivervale Twp.
0254 - Rochelle Park Twp.
0255 - Rockleigh Bor.
0256 - Rutherford Bor.
0257 - Saddle Brook Twp.
0258 - Saddle River Bor.
0259 - So. Hackensack Twp.
0260 - Teaneck Twp.
0261 - Tenafly Bor.
0262 - Teterboro Bor.
0263 - Upp. Saddle River Bor.
0264 - Waldwick Bor.
0265 - Wallington Bor.
0266 - Washington Twp.
0267 - Westwood Bor.
0268 - Woodcliff Lake Bor.
0269 - Wood Ridge Bor.
0270 - Wyckoff Twp.

BURLINGTON COUNTY

0301 - Bass River Twp.
0302 - Beverly City
0303 - Bordentown City
0304 - Bordentown Twp.

0305 - Burlington City
0306 - Burlington Twp.
0307 - Chesterfield Twp.
0308 - Cinnaminson Twp.
0309 - Delanco Twp.
0310 - Delran Twp.
0311 - Eastampton Twp.
0312 - Edgewater Park Twp.
0313 - Evesham Twp.
0314 - Fieldsboro Bor.
0315 - Florence Twp.
0316 - Hainesport Twp.
0317 - Lumberton Twp.
0318 - Mansfield Twp.
0319 - Maple Shade Twp.
0320 - Medford Twp.
0321 - Medford Lakes Bor.
0322 - Moorestown Twp.
0323 - Mount Holly Twp.
0324 - Mount Laurel Twp.
0325 - New Hanover Twp.
0326 - No. Hanover Twp.
0327 - Palmyra Bor.
0328 - Pemberton Bor.
0329 - Pemberton Twp.
0330 - Riverside Twp.
0331 - Riverton Bor.
0332 - Shamong Twp.
0333 - Southampton Twp.
0334 - Springfield Twp.
0335 - Tabernacle Twp.
0336 - Washington Twp.
0337 - Westampton Twp.
0338 - Willingboro Twp.
0339 - Woodland Twp.
0340 - Wrightstown Bor.

CAMDEN COUNTY

0401 - Audubon Bor.
0402 - Audubon Park Bor.
0403 - Barrington Bor.
0404 - Bellmawr Bor.
0405 - Berlin Bor.
0406 - Berlin Twp.
0407 - Brooklawn Bor.
0408 - Camden City
0409 - Cherry Hill Twp.
0410 - Chesilhurst Bor.
0411 - Clementon Bor.
0412 - Collingswood Bor.
0413 - Gibbsboro Bor.
0414 - Gloucester City
0415 - Gloucester Twp.
0416 - Haddon Twp.
0417 - Haddonfield Bor.
0418 - Haddon Heights Bor.
0419 - Hi Nella Bor.
0420 - Laurel Springs Bor.
0421 - Lawnside Bor.
0422 - Lindenwald Bor.
0423 - Magnolia Bor.
0424 - Merchantville Bor.
0425 - Mt. Ephraim Bor.
0426 - Oaklyn Bor.
0427 - Pennsauken Twp.
0428 - Pine Hill Bor.
0429 - Pine Valley Bor.
0430 - Runnemede Bor.
0431 - Somerdale Bor.
0432 - Stratford Bor.
0433 - Tavistock Bor.
0434 - Voorhees Bor.
0435 - Waterford Twp.
0436 - Winslow Twp.
0437 - Woodlynne Bor.

CAPE MAY COUNTY

0501 - Avalon Bor.
0502 - Cape May City
0503 - Cape May Point Bor.
0504 - Dennis Twp.
0505 - Lower Twp.
0506 - Middle Twp.
0507 - North Wildwood City
0508 - Ocean City City
0509 - Sea Isle City City
0510 - Stone Harbor Bor.
0511 - Upper Twp.
0512 - West Cape May Bor.
0513 - West Wildwood Bor.
0514 - Wildwood City
0515 - Wildwood Crest Bor.
0516 - Woodbine Bor.

CUMBERLAND COUNTY

0601 - Bridgeton City
0602 - Commercial City
0603 - Deerfield Twp.
0604 - Downe Twp.
0605 - Fairfield Twp.
0606 - Greenwich Twp.

0607 - Hopewell Twp.
0608 - Lawrence Twp.
0609 - Maurice River Twp.
0610 - Millville City
0611 - Shiloh Bor.
0612 - Stow Creek Twp.
0613 - Upper Deerfield Twp.
0614 - Vineland City

ESSEX COUNTY

0701 - Belleville Twp.
0702 - Bloomfield Twp.
0703 - Caldwell Borough Twp.
0704 - Cedar Grove Twp.
0705 - East Orange City
0706 - Essex Falls Twp.
0707 - Fairfield Twp.
0708 - Glen Ridge Twp.
0709 - Irvington Twp.
0710 - Livingston Twp.
0711 - Maplewood Twp.
0712 - Millburn Twp.
0713 - Montclair Twp.
0714 - Newark City
0715 - North Caldwell Twp.
0716 - Nutley Twp.
0717 - Orange City Twp.
0718 - Roseland Bor.
0719 - South Orange Village
0720 - Verona Twp.
0721 - West Caldwell Twp.
0722 - West Orange Twp.

GLOUCESTER COUNTY

0801 - Clayton Bor.
0802 - Deptford Twp.
0803 - East Greenwich Twp.
0804 - Elk Twp.
0805 - Franklin Twp.
0806 - Glassboro Bor.
0807 - Greenwich Twp.
0808 - Harrison Twp.
0809 - Logan Twp.
0810 - Mantua Twp.
0811 - Monroe Twp.
0812 - National Park Bor.
0813 - Newfield Bor.
0814 - Paulsboro Bor.
0815 - Pitman Bor.
0816 - South Harrison Twp.
0817 - Swedesboro Bor.
0818 - Washington Twp.
0819 - Wenonah Bor.
0820 - West Deptford Twp.
0821 - Westville Bor.
0822 - Woodbury City
0823 - Woodbury Heights Bor.
0824 - Woolwich Twp.

HUDSON COUNTY

0901 - Bayonne City
0902 - East Newark Bor.
0903 - Guttenburg Town
0904 - Harrison Town
0905 - Hoboken City
0906 - Jersey City City
0907 - Kearny Town
0908 - North Bergen Twp.
0909 - Secaucus Town
0910 - Union City City
0911 - Weehawken Twp.
0912 - West New York

HUNTERDON COUNTY

1001 - Alexandria Twp.
1002 - Bethlehem Twp.
1003 - Bloomsbury Bor.
1004 - Calton Bor.
1005 - Clinton Town
1006 - Clinton Twp.
1007 - Delaware Twp.
1008 - East Amwell Twp.
1009 - Flemington Bor.
1010 - Franklin Twp.
1011 - Frenchtown Twp.
1012 - Glen Gardner Bor.
1013 - Hampton Bor.
1014 - High Bridge Bor.
1015 - Holland Twp.
1016 - Kingwood Twp/
1017 - Lambertville City
1018 - Lebanon Bor.
1019 - Lebanon Twp.
1020 - Milford Bor.
1021 - Raritan Twp.
1022 - Readington Twp.
1023 - Stockton Bor.
1024 - Tewksbury Twp.
1025 - Union Twp.
1026 - West Amwell Twp.

MERCER COUNTY

1101 - East Windsor Twp.
1102 - Ewing Twp.
1103 - Hamilton Twp.
1104 - Hightstown Bor.
1105 - Hopewell Bor.
1106 - Hopewell Twp.
1107 - Lawrence Twp.
1108 - Pennington Bor.
1109 - Princeton Bor.
1110 - Princeton Twp.
1111 - Trenton City
1112 - Washington Twp.
1113 - West Windsor Twp.

MIDDLESEX COUNTY

1201 - Carteret Twp.
1202 - Cranbury Twp.
1203 - Dunellen Bor.
1204 - East Brunswick
1205 - Edison Twp.
1206 - Helmetta Bor.
1207 - Highland Park Bor.
1208 - Jamesburg Bor.
1209 - Metuchen Bor.
1210 - Middlesex Bor.
1211 - Milltown Bor.
1212 - Monroe Twp.
1213 - New Brunswick City
1214 - North Brunswick Twp.
1215 - Old Bridge City
1216 - Perth Amboy City
1217 - Piscataway Twp.
1218 - Plainsboro Twp.
1219 - Sayreville Bor.
1220 - South Amboy City
1221 - South Brunswick Twp.
1222 - South Plainfield Bor.
1223 - South River Bor.
1224 - Spotswood Bor.
1225 - Woodbridge Twp.

MONMOUTH COUNTY

1301 - Aberdeen Twp.
1302 - Allenhurst Bor.
1303 - Allentown Bor.
1304 - Asbury Park City
1305 - Atlantic Highlands Bor.
1306 - Avon-by-the-sea Bor.
1307 - Belmar Bor.
1308 - Bradley Beach Bor.
1309 - Brielle Bor.
1310 - Colts Neck Twp.
1311 - Deal Bor.
1312 - Eatontown Bor.
1313 - Englishtown Bor.
1314 - Fair Haven Bor.
1315 - Farmingdale
1316 - Freehold Bor.
1317 - Freehold Twp.
1318 - Hazlet Twp.
1319 - Highlands Bor.
1320 - Holmdel Twp.
1321 - Howell Twp.
1322 - Interlaken Bor.
1323 - Keansburg Bor.
1324 - Keyport Bor.
1325 - Little Silver Bor.
1326 - Loch Arbour Village
1327 - Long Branch City
1328 - Manalapan Twp.
1329 - Manasquan Bor.
1330 - Marlboro Twp.
1331 - Matawan Bor.
1332 - Middletown Twp.
1333 - Millstone Twp.
1334 - Monmouth Beach Bor.
1335 - Neptune Twp.
1336 - Neptune City Bor.
1337 - Ocean Twp.
1338 - Oceanport Bor.
1339 - Red Bank Bor.
1340 - Roosevelt Bor.
1341 - Rumson Bor.
1342 - Sea Bright Bor.
1343 - Sea Girt Bor.
1344 - Shrewsbury Bor.
1345 - Shrewsbury Twp.
1346 - South Belmar Bor.
1347 - Spring Lake Bor.
1348 - Spring Lake Hgts Bor.
1349 - Tinton Falls Bor.
1350 - Union Beach Bor.
1351 - Upper Freehold Twp.
1352 - Wall Twp.
1353 - West Long Branch Bor.

MIDDLESEX COUNTY

1404 - Chatham Bor.
1405 - Chatham Twp.
1406 - Chester Bor.
1407 - Chester Twp.
1408 - Denville Twp.
1409 - Dover Twp.
1410 - East Hanover Twp.
1411 - Florham Park Bor.
1412 - Hanover Twp.
1413 - Harding Twp.
1414 - Jefferson Twp.
1415 - Kinnelon Bor.
1416 - Lincoln Park Bor.
1417 - Madison Bor.
1418 - Mendham Bor.
1419 - Mendham Twp.
1420 - Mine Hill Twp.
1421 - Montville Twp.
1422 - Morris Twp.
1423 - Morris Plains Bor.
1424 - Morristown Town
1425 - Mountain Lakes Bor.
1426 - Mount Arlington Bor.
1427 - Mount Olive Twp.
1428 - Netcong Bor.
1429 - Par-Troy Hills Twp.
1430 - Passaic Bor.
1431 - Pequannock Twp.
1432 - Randolph Twp.
1433 - Riverdale Bor.
1434 - Rockaway Bor.
1435 - Rockaway Twp.
1436 - Roxbury Twp.
1437 - Victory Gardens Bor.
1438 - Washington Twp.
1439 - Wharton Bor.

MORRIS COUNTY

1401 - Boonton Town
1402 - Boonton Twp.
1403 - Butler Bor.

1404 - Chatham Bor.
1405 - Chatham Twp.
1406 - Chester Bor.
1407 - Chester Twp.
1408 - Denville Twp.
1409 - Dover Twp.
1410 - East Hanover Twp.
1411 - Florham Park Bor.
1412 - Hanover Twp.
1413 - Harding Twp.
1414 - Jefferson Twp.
1415 - Kinnelon Bor.
1416 - Lincoln Park Bor.
1417 - Madison Bor.
1418 - Mendham Bor.
1419 - Mendham Twp.
1420 - Mine Hill Twp.
1421 - Montville Twp.
1422 - Morris Twp.
1423 - Morris Plains Bor.
1424 - Morristown Town
1425 - Mountain Lakes Bor.
1426 - Mount Arlington Bor.
1427 - Mount Olive Twp.
1428 - Netcong Bor.
1429 - Par-Troy Hills Twp.
1430 - Passaic Bor.
1431 - Pequannock Twp.
1432 - Randolph Twp.
1433 - Riverdale Bor.
1434 - Rockaway Bor.
1435 - Rockaway Twp.
1436 - Roxbury Twp.
1437 - Victory Gardens Bor.
1438 - Washington Twp.
1439 - Wharton Bor.

OCEAN COUNTY

1501 - Barnegat Twp.
1502 - Barnegat Light Bor.
1503 - Bay Head Bor.
1504 - Beach Haven Bor.
1505 - Beachwood Bor.
1506 - Berkeley Twp.
1507 - Brick Twp.
1508 - Dover Twp.
1509 - Eagleswood Twp.
1510 - Harvey Cedars Bor.
1511 - Island Heights Bor.
1512 - Jackson Twp.
1513 - Lacey Twp.
1514 - Lakehurst Bor.
1515 - Lakewood Twp.
1516 - Lavellette Bor.
1517 - Little Egg Harbor Twp.
1518 - Long Beach Twp.
1519 - Manchester Twp.
1520 - Mantoloking Bor.
1521 - Ocean Twp.
1522 - Ocean Gate Bor.
1523 - Pine Beach Bor.
1524 - Plumsted Twp.
1525 - Pt. Pleasant Bor.
1526 - Pt. Pleasant Bch. Bor.
1527 - Seaside Heights Bor.
1528 - Seaside Park Bor.
1529 - Ship Bottom Bor.
1530 - South Toms River Bor.
1531 - Stafford Twp.
1532 - Surf City Bor.
1533 - Tuckerton Bor.

PASSAIC COUNTY

1601 - Bloomingdale Bor.
1602 - Clifton City
1603 - Haledon Bor.
1604 - Hawthorne Bor.
1605 - Little Falls Twp.
1606 - North Haledon Bor.
1607 - Passaic City
1608 - Paterson City
1609 - Pompton Lakes Bor.
1610 - Prospect Park Bor.
1611 - Ringwood Bor.
1612 - Totowa Bor.
1613 - Wanauque Bor.
1614 - Wayne Twp.
1615 - West Milford Twp.
1616 - West Paterson Bor.

SALEM COUNTY

1701 - Alloway Twp.
1702 - Carneys Point Twp.
1703 - Elmer Bor.
1704 - Elnorbor Twp.
1705 - Low Alloways Crk Twp.
1706 - Mannington Twp.
1707 - Oldmans Twp.
1708 - Penns Grove Bor.
1709 - Pennsville Twp.
1710 - Pilesgrove Twp.

1711 - Pittsgrove Twp.
1712 - Quinton Twp.
1713 - Salem City
1714 - Upper Pittsgrove Twp.
1715 - Woodstown Bor.

SOMERSET COUNTY

1801 - Bedminster Twp.
1802 - Bernards Twp.
1803 - Bernardsville Bor.
1804 - Bound Brook Bor.
1805 - Branchburg Twp.
1806 - Bridgewater Twp.
1807 - Far Hills Bor.
1808 - Franklin Twp.
1809 - Green Brook Twp.
1810 - Hillsborough Twp.
1811 - Manville Bor.
1812 - Millstone Bor.
1813 - Montgomery Twp.
1814 - North Plainfield Bor.
1815 - Peapack-Gladstone Bor.
1816 - Raritan Bor.
1817 - Rocky Hill Bor.
1818 - Somerville Bor.
1819 - South Bound Brook Bor.
1820 - Warren Twp.
1821 - Watchung Bor.

SUSSEX COUNTY

1901 - Andover Bor.
1902 - Andover Twp.
1903 - Branchville Bor.
1904 - Byram Twp.
1905 - Frankford Twp.
1906 - Franklin Bor.
1907 - Fredon Twp.
1908 - Green Twp.
1909 - Hamburg Bor.
1910 - Hampton Twp.
1911 - Hardyston Twp.
1912 - Hopatcong Bor.
1913 - Lafayette Twp.
1914 - Montage Twp.
1915 - Newton Town
1916 - Ogdenburg Bor.
1917 - Sandyston Twp.
1918 - Sparta Twp.
1919 - Stanhope Bor.
1920 - Stillwater Twp.
1921 - Sussex Bor.
1922 - Vernon Twp.
1923 - Walpack Twp.
1924 - Wantage Twp.

UNION COUNTY

2001 - Berkeley Heights Twp.
2002 - Clark Twp.
2003 - Cranford Twp.
2004 - Elizabeth City
2005 - Fanwood Bor.
2006 - Garwood Bor.
2007 - Hillside Twp.
2008 - Kenilworth Bor.
2009 - Linden City
2010 - Mountainside Bor.
2011 - New Providence Bor.
2012 - Plainfield City
2013 - Rahway City
2014 - Roselle Bor.
2015 - Roselle Park Bor.
2016 - Scotch Plains
2017 - Springfield Twp.
2018 - Summit City
2019 - Union Twp.
2020 - Westfield Twp.
2021 - Winfield Twp.

WARREN COUNTY

2101 - Allamuchy Twp.
2102 - Alpha Bor.
2103 - Belvidere Town
2104 - Blairstown Twp.
2105 - Franklin Twp.
2106 - Frelinghuysen Twp.
2107 - Greenwich Twp.
2108 - Hackettstown Town
2109 - Hardwick Twp.
2110 - Harmony Twp.
2111 - Hope Twp.
2112 - Independence Twp.
2113 - Knowlton Twp.
2114 - Liberty Twp.
2115 - Lopatcong Twp.
2116 - Mansfield Twp.

**New Jersey Commission on Spinal Cord Research
PO Box 360
Trenton, NJ 08625-0360**

ACKNOWLEDGEMENT OF GRANT APPLICATION

Please print or type your name and complete address information in the box below:

This acknowledgement will confirm receipt of your application for a grant by the New Jersey Commission on Spinal Cord Research.

New Jersey Commission on Spinal Cord Research

Date